

Date Received
MAR 1 2012

BY: Colgan

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Fuentes Felipe

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

District 39

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/29/12
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Felipe Fuentes</u>

► 1. BUSINESS ENTITY OR TRUST

Ragadix

Name

1031 S. Broadway, Ste.1157, Los Angeles, CA 90015

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Clothing

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☒ Shareholder

Other

YOUR BUSINESS POSITION N/A

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Chasing Fireflies

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☐ Other
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☐ Other
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name Felipe Fuentes	

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11

ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____

Yrs. remaining ☐ _____

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER*

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
_____ % <input type="checkbox"/> None	_____

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable	

Comments: _____

FPPC Form 700 (2011/2012) Sch. B
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Felipe Fuentes

► NAME OF SOURCE

See attached.

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

Schedule D
Income - Gifts

CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION

700

Name

Felipe Fuentes

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
United Health Group	1201 K St., Ste. 1020 Sacramento, CA	95814	Healthcare	1/10/2011	\$16.86	Food and Beverages
United Health Group	1201 K St., Ste. 1020 Sacramento, CA	95814	Healthcare	1/17/2011	\$68.75	Food and Beverages
California Trucking Association	4148 E. Commerce Wy. Sacramento, CA	95834	N/A	1/24/2011	\$265.09	Hotel Accommodation
BayBio	1215 K St., Ste. 200 Sacramento, CA	95814	N/A	2/1/2011	\$118.11	Food and Beverages
California Healthcare Institute	1215 K St., Ste. 200 Sacramento, CA	95814	N/A	2/1/2011	\$118.11	Food and Beverages
California Democratic Party	1401 21st St., Ste. 200 Sacramento, CA	95811	N/A	2/8/2011	\$117.09	Food and Beverages
John A. Perez for Assembly	777 S. Figueroa St., Ste. 4050 Los Angeles, CA	90017	N/A	2/8/2011	\$10.00	Beverages
John A. Perez for Assembly	777 S. Figueroa St., Ste. 4050 Los Angeles, CA	90017	N/A	2/9/2011	\$84.30	Jacket
Leavey Center for the Study of LA	1 LMU Dr., Ste. 4114 Los Angeles, CA	90045	N/A	3/7/2011	\$158.80	Food and Beverages
California Poultry Federation	4640 Spyres Wy. Modesto, CA	95356	N/A	3/8/2011	\$225.06	Food and Beverages
California Medical Association	1201 J St. Sacramento, CA	95814	N/A	3/15/2011	\$70.02	Food and Beverages
Personal Insurance Federation of California	1201 K St. Sacramento, CA	95814	N/A	4/4/2011	\$10.20	Beverages
Project Restore	200 N. Spring St., Rm. 1633 Los Angeles, CA	90012	N/A	6/16/2011	\$100.00	Event Ticket
Minorities in Law Enforcement	755 Riverpoint Dr. West Sacramento, CA	95605	N/A	7/22/2011	\$266.00	Golf, Golf Balls
Crime Victims United	755 Riverpoint Dr. West Sacramento, CA	95605	N/A	7/22/2011	\$266.00	Golf, Golf Balls
Coalition for a Safer California	755 Riverpoint Dr. West Sacramento, CA	95605	N/A	7/23/2011	\$420.00	Taylor Made Driver, Golf Glove
Personal Insurance Federation of California	1201 K St. Sacramento, CA	95814	N/A	7/23/2011	\$36.00	Spa Bag
Personal Insurance Federation of California	1201 K St. Sacramento, CA	95814	N/A	7/23/2011	\$60.00	Wine

**Schedule D
Income - Gifts**

CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION

700

Name

Felipe Fuentes

<BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Personal Insurance Federation of California	1201 K St. Sacramento, CA	95814	N/A	7/23/2011	\$75.00	Blanket
Personal Insurance Federation of California	1201 K St. Sacramento, CA	95814	N/A	7/23/2011	\$115.00	Jacket
Personal Insurance Federation of California	1201 K St. Sacramento, CA	95814	N/A	7/23/2011	\$123.80	Shirt
PhRMA	755 Riverpoint Dr. West Sacramento, CA	95605	N/A	7/23/2011	\$365.00	Rangefinder
PhRMA	755 Riverpoint Dr. West Sacramento, CA	95605	N/A	7/23/2011	\$34.00	Hat
PhRMA	755 Riverpoint Dr. West Sacramento, CA	95605	N/A	7/23/2011	\$10.00	Divot Tool
Applied Materials	3050 Bowers Ave. Santa Clara, CA	95054	Manufacturing	7/25/2011	\$228.00	Food and Beverages
Astellas Pharma U.S.	3 Parkway Deerfield, IL	60015	Pharmaceutical	11/15/2011	\$266.76	Food and Beverages
California Healthcare Institute	455 Capitol Mall Sacramento, CA	95814	N/A	11/15/2011	\$39.06	Food and Beverages
California Manufacturers and Technology	1115 11th St. Sacramento, CA	95814	N/A	11/15/2011	\$103.80	Food and Beverages

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Felipe Fuentes

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

<p>▶ NAME OF SOURCE See attached.</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>

Comments: _____

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Felipe Fuentes

- You must mark either the gift or income box.
- You are not required to report income from government agencies.

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE(S) (mm/dd/yy) (If gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	DESCRIPTION
California Trucking Association 4148 E. Commerce Wy. Sacramento, CA 95834	N/A	1/24/2011	\$265.09	Gift	Made a Speech/Participated in a panel
PhRMA 1215 K St., Ste. 970 Sacramento, CA 95814	N/A	2/3/2011- 2/4/2011	\$704.57	Gift	Made a Speech/Participated in a panel
California Correctional Peace Officers Association 755 Riverpoint Dr. West Sacramento, CA 95605	N/A	7/22/2011- 7/23/2011	\$1,848.00	Gift	Made a Speech/Participated in a panel
Minorities in Law Enforcement 755 Riverpoint Dr. West Sacramento, CA 95605	N/A	7/22/2011	\$56.00	Gift	Made a Speech/Participated in a panel
Applied Materials 3050 Bowers Ave. Santa Clara, CA 95054	Manufacturing	7/24/2011- 7/25/2011	\$983.00	Gift	Made a Speech/Participated in a panel
California Independent Voter Project 101 W. Broadway San Diego, CA 92101	N/A	11/13/2011- 11/18/2011	\$2,688.30	Gift	Made a Speech/Participated in a panel
California School Board Association 1029 J St. Sacramento, CA 95814	N/A	11/30/2011- 12/1/2011	\$158.28	Gift	Made a Speech/Participated in a panel
California Foundation on the Environment and the Economy Pier 35 San Francisco, CA 94133	N/A, 501(c)(3)	12/8/2011- 12/9/2011	\$419.22	Gift	Made a Speech/Participated in a panel
Tech Net 855 El Camino Real Palo Alto, CA 94301	N/A	12/15/2011- 12/16/2011	\$653.42	Gift	Made a Speech/Participated in a panel